

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 2 — 0 5

2. STATE:

MICHIGAN

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.120

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ -0-  
b. FFY 2003 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement to Attachment 3.1-A page 25b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Supplement to Attachment 3.1-A page 25b

*Michigan (02-05)*  
*approved: 06/17/02*  
*effective: 01/01/02*

10. SUBJECT OF AMENDMENT:

Hearing Aid Prior Approval

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

James K. Havenan, Jr.

14. TITLE:

Director

15. DATE SUBMITTED:

3/22/02

16. RETURN TO:

Michigan Department of Community Health  
Office of Federal Liaison  
Lewis Cass Building - 6th Floor  
320 South Walnut Street  
Lansing, Michigan 48913

ATTENTION: Nancy Bishop

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

3/25/02

18. DATE APPROVED:

6/17/02

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/1/02 *RAH*

20. SIGNATURE OF REGIONAL OFFICIAL:

*Alan Freund, Acting RRA*

21. TYPED NAME:

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Children's Health

Cheryl A. Harris  
23. REMARKS:

**RECEIVED**

MAR 25 2002

DMCH - Michigan

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of Michigan

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY**

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**h. Hearing Aids**

Hearing aids and accessories are provided under the following conditions:

- A physician provides medical concurrence that there are no contraindications to the use of a hearing aid(s). A medical concurrence must be within six months prior to dispensing the hearing aid(s).
- An audiologist possessing a current Certificate of Clinical Competence or Letter of Equivalency from the American Speech-Language Hearing Association must complete a written recommendation for the hearing aid. Services must be provided under the auspices of (and be billed by) a Medicaid enrolled outpatient hospital or hearing and speech center.
- A Medicaid-enrolled hearing aid dealer may provide a hearing aid(s) for Medicaid covered beneficiaries as well as children covered by Children's Special Health Care Services.

Prior approval is not required for "standard" hearing aids if hearing loss meets Medicaid criteria. If the hearing loss does not meet the criteria or if the hearing aid is not "standard," the hearing aid dealer must obtain prior approval.

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TN No. 02-05

Approval Date                     

Effective Date: 01-01-02

Supersedes

TN No. 94-25